



## **Substance Abuse and Mental Health Services Administration DISASTER TECHNICAL ASSISTANCE CENTER**

### **RESOURCE LIST**

## **Psychological Trauma and Posttraumatic Stress Disorder (PTSD)**

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Prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC), ESI, under contract with the Emergency Mental Health and Traumatic Stress Services Branch, Center for Mental Health Services, SAMHSA.

### **Peer-Reviewed Journal Articles**

**Ahern, J., Galea, S., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., and Vlahov, D. (2003). Television images and psychological symptoms after the September 11 terrorist attacks. *Psychiatry*. 65(4):289-300.**

This study assessed whether frequent viewing of television images of the 9/11 attacks was associated with PTSD and depression, and whether direct exposure to disaster events was compounded by media viewing. Using a random-digit-dial telephone survey in Manhattan, researchers found that respondents who were directly affected and watched the media frequently were more likely to have PTSD than directly affected respondents who avoided media exposure.

**al-Naser, F., al-Khulaifi, I.M., and Martino, C. (2000). Assessment of posttraumatic stress disorder four and one-half years after the Iraqi invasion. *International Journal of Emergency Mental Health*. 2(3):153-6.**

This article summarizes results from a study indicating that the high stress experienced by emergency response professionals may adversely affect their social, psychological, and emotional well-being. The authors advocate for the results to influence the development of a critical incident stress management (CISM) program to assist in the recovery from the Iraqi invasion of Kuwait.

**Amir, M., Kaplan, Z., and Kotler, M. (1996). Type of trauma, severity of posttraumatic stress disorder core symptoms, and associated features. *Journal of General Psychology*. 123(4):341-51.**

The PTSD scale, Impact of Events Scale, and four Symptom Check Lists were used to determine whether types of trauma exposure influenced the symptoms and severity of PTSD. Respondents with battle experience were the most severely affected, and education and army rank were found to be protecting variables.

**Brown, E.J. (2002). Mental health trauma response to the events of September 11<sup>th</sup>: Challenges and lessons learned. *Journal of Child and Adolescent Psychopharmacology*. 12(2):77-82.**

The lessons and challenges learned from the events of 9/11 are summarized in this guest editorial, such as the importance of crisis intervention, the challenges for first responders, proper evaluation tools for children, and collaboration in long-term planning.

## Peer-Reviewed Journal Articles (continued)

**Brown, P. J. and Wolfe, J. (1994). Substance abuse and post-traumatic stress disorder comorbidity. *Drug and Alcohol Dependence*. 35(1):51-9.**

This is a literature review on people with substance abuse issues and comorbid PTSD and includes: overview of PTSD-substance abuse theoretical models, comorbidity prevalence rates, and an evaluation of data on psychosocial factors and treatment outcomes. The authors recommend future research initiatives.

**Bryant, R.A. (2003). Early predictors of posttraumatic stress disorder. *Biological Psychiatry*. 53(9):789-95.**

This is a literature review providing an overview of research that has evaluated acute reactions to trauma that may predict PTSD. The authors recommend future research to identify more accurate tools for predicting PTSD.

**Cohen, J.A. (2003). Treating acute posttraumatic reactions in children and adolescents. *Biological Psychiatry*. 53(9):827-33.**

The author compares and contrasts studies assessing the provision of trauma-focused, cognitive-behavioral therapy to children within one to six months of experiencing sexual abuse. A controlled pharmacologic trial is discussed, and recommendations for future research are included.

**Cournos, F. (2002). The trauma of profound childhood loss: A personal and professional perspective. *Psychiatric Quarterly*. 73(2):145-56.**

The author combines personal experience with new studies assessing how profound loss in childhood correlates with PTSD.

**Difede, J., Hoffman, H., and Jaysinghe, N. (2002). Innovative use of virtual reality technology in the treatment of PTSD in the aftermath of September 11. *Psychiatric Services*. 53(9):1083-1085.**

This article presents new research in the application of virtual reality technology in the treatment of PTSD, discussing advances in exposure therapy for Vietnam veterans.

**Ehlers, A. and Clark, D. (2003). Early psychological interventions for adult survivors of trauma: A review. *Biological Psychiatry*. 53(9):817-26.**

This literature review discusses the impact of early cognitive-behavioral therapy (CBT) after trauma in preventing PTSD. CBT trials are assessed and the author questions the use of supportive counseling. The author further reviews methods of identifying people in need of intervention after trauma.

**Finnsdottir, T. and Elklit, A. (2002). Posttraumatic sequelae in a community hit by an avalanche. *Journal of Traumatic Stress*. 15(6):479-85.**

Following an avalanche that killed 20 residents, this study evaluated 104 adult residents of Flateyri, Iceland, for symptoms of distress. The Flateyri residents were twice as likely as the control group to experience symptoms such as intrusive thoughts, tension, sadness, and anxiety.

## Peer-Reviewed Journal Articles (continued)

**Flannery, Jr., R.B. (1999). Psychological trauma and posttraumatic stress disorder: A review. *International Journal of Emergency Mental Health*. 1(2): 135-140.**

This is a literature review directed toward emergency mental health practitioners regarding traumatic events, symptomatology, and the health consequences of non-treatment. The review is in the context of Critical Incident Stress Management.

**Huang-Chih Chou, F., Tung-Ping Su, T., Ou-Yang, W.C., Chien, I.C., Lu, M.K., and Chou, P. (2003). Establishment of disaster-related psychological screening test. *The Australian and New Zealand Journal of Psychiatry*. 37(1):97-103.**

This study evaluated 461 residents of a village in Taiwan that experienced a major earthquake, using the Disaster-Related Psychological Screening Test (DRPST) and the Mini-International Psychiatric Interview. Results indicate a PTSD rate of 7.9 percent, and the authors recommend the DRPST as an evaluation tool.

**Galea, S., Resnick, H., Ahern, J., Gold, J., Bucuvalas, M., Kilpatrick, D., Stuber, J., and Vlahov, D. (2002). Posttraumatic stress disorder in Manhattan, New York City, after the September 11<sup>th</sup> terrorist attacks. *Journal of Urban Health*. 79(3):340-53.**

This study employed random-digit dialing of adults living near the World Trade Center attacks to assess the prevalence of posttraumatic stress disorder (PTSD) and depression in the population. Predictors of PTSD included low social support, loss of possessions in the attacks, and involvement in rescue efforts. Implications for urban disaster planning are discussed.

**Gillespie, K., Duffy, M., Hackman, A., and Clark, D.M. (2002). Community based cognitive therapy in the treatment of posttraumatic stress disorder following the Omagh bomb. *Behavior Research and Therapy*. 40(4):345-57.**

This study investigated whether the positive findings of cognitive behavioral therapy (CBT) treatment for individuals with PTSD will generalize to a traumatized community. The authors studied 91 patients with PTSD resulting from a car bomb in Omagh, Northern Ireland, in 1998. Results indicate that CBT can be applied to a whole community with positive results.

**Goenjian, A.K., Molina, L., Steinberg, A.M., Fairbanks, L.A., Alvarez, M.L., Goenjian, H.A., and Pynoos, R.S. (2001). Posttraumatic stress and depressive reactions among Nicaraguan adolescents after Hurricane Mitch. *American Journal of Psychiatry*. 158(5):788-94.**

This study evaluated the severity of posttraumatic stress among 158 Nicaraguan adolescents following Hurricane Mitch, using the Child Posttraumatic Stress Disorder Reaction Index and the Depression Self-Rating Scale. The authors discuss the comorbidity of posttraumatic stress and depressive reactions found among adolescents living in the most heavily affected areas. Predictors of severity include death of a family member and forced relocation. The application of these findings to public mental health approaches and disaster recovery programs is included.

## Peer-Reviewed Journal Articles (continued)

**Goenjian, A.K., Steinberg, A.M., Najarian, L.M., Fairbanks, L.A., Tashjian, M., and Pynoos, R.S. (2000). Prospective study of posttraumatic stress, anxiety, and depressive reactions after earthquake and political violence. *American Journal of Psychiatry*. 157(6):911-6.**

The authors measured the severity and relationship of posttraumatic stress, anxiety, and depression among three groups of adults: a group exposed to severe earthquake trauma, a group exposed to mild earthquake trauma, and a group exposed to severe violence. The two groups that experienced severe trauma had high, unremitting PTSD scores 1.5 and 4.5 years after the trauma. The authors discuss the high risk for PTSD for adults who are exposed to severe trauma, and recommend early mental health interventions.

**Kinzie, J.D., Boehnlein, J.K., Riley, C., and Sparr, L. (2002). The effects of September 11 on traumatized refugees: Reactivation of posttraumatic stress disorder. *The Journal of Nervous and Mental Disease*. 190(7):437-41.**

The researchers assessed secondary traumatization among Somalian, Vietnamese, Cambodian, Laotian, and Bosnian refugees who experienced the 9/11 terrorist attacks via the media. The study evaluated differential responses among refugees with PTSD, depression, and schizophrenia. Regardless of ethnic group, refugees with PTSD had the strongest reactions, and the authors recommend that clinicians anticipate strong PTSD reactions from refugees when they are exposed to traumatic stimuli.

**Lantz, M.S. and Buchalter, E.N. (2001). Posttraumatic stress. Helping adults cope with tragedy. *Geriatrics*. 56(12):35-6.**

This is an editorial discussing the specific characteristics, symptoms, and stimuli of the elderly with PTSD. Predictors of PTSD among this population include poor family social supports, unresolved feelings of bereavement from prior events, and prior exposure to significant trauma. Possible psychotherapy and pharmaceutical treatment options are discussed.

**Larkin, M. (1999). Can post-traumatic stress disorder be put on hold? *Lancet*. 354(9183):1008.**

This is a brief article summarizing PTSD symptoms, treatments, flashbacks, and possible pharmaceutical solutions.

**Lesaca, T. (1996). Symptoms of stress disorder and depression among trauma counselors after an airline disaster. *Psychiatric Services*. 47(4):424-6.**

In this study, the psychological symptoms of therapists who provided counseling after a commercial airline crash were compared to therapists from the same mental health center who did not provide disaster aid.

**Meisenhelder, J.B. (2002). Terrorism, posttraumatic stress, and religious coping. *Issues in Mental Health Nursing*. 23(8):771-82.**

Symptoms of posttraumatic stress and participation in religious services and practices increased after the 9/11 terrorist attacks. This literature review discusses the relationship between the two reactions and predicts possible implications for nursing.

## Peer-Reviewed Journal Articles (continued)

**Morgan, C.A., Krystal, J.H., and Southwick, S.M. (2003). Toward early pharmacological posttraumatic stress intervention. *Biological Psychiatry*. 53(9):834-43.**

This is a literature review that discusses potential pharmacologic interventions to treat early symptoms of PTSD. The authors acknowledge a lack of empirical data on effective pharmacologic interventions.

**North, C.S. (2002). Somatization in survivors of catastrophic trauma: A methodological review. *Environmental Health Perspectives*. 110(4):637-40.**

This is a research initiative discussing the relationship between somatization and trauma.

**Perkonig, A., Kessler, R.C., Storz, S., and Wittchen, H.U. (2000). Traumatic events and post-traumatic stress disorder in the community: Prevalence, risk factors and comorbidity. *Acta Psychiatrica Scandinavica*. 101(1):46-59.**

Traumatic events and PTSD were assessed in a sample of 3,021 Germans aged 14-24. The prevalence of PTSD, one percent for males and 2.2 percent for females, in this German sample is lower than reported in similar U.S. studies. However, the probability for PTSD after experiencing trauma, risk factors, and comorbidity patterns is similar.

**Pfefferbaum, B., Doughty, D.E., Reddy, C., Patel, N., Gurwitch, R.H., Nixon, S.J., and Tivis, R.D. (2002). Exposure and peri-traumatic response as predictors of posttraumatic stress in children following the 1995 Oklahoma City bombing. *Journal of Urban Health*. 79(3):354-63.**

A study of 2,000 middle school children seven weeks after the Oklahoma City bombing determined that one's initial peri-traumatic exposure is a strong indicator of posttraumatic stress over time. Many children studied reported hearing and feeling the blast, but most were in school at the time of the explosion and not in direct proximity to the traumatic event.

**Pfefferbaum, B., Pfefferbaum, R.L., North, C.S., and Neas, B.R. (2002). Does television viewing satisfy criteria for exposure in posttraumatic stress disorder? *Psychiatry*. 65(4):306-309.**

This is a commentary discussing the central role of the media in precipitating posttraumatic stress. Media coverage, specifically television viewing, is capable of capturing, transmitting, and replicating experiences that evoke anguish and distress in many people, and these reactions coupled with direct exposure or prior psychiatric history may lead to posttraumatic stress. However, at the present time there is insufficient evidence to conclusively connect television viewing to posttraumatic stress.

**Pfefferbaum, B., Vinekar, S.S., Trautman, R.P., Lensgraf, S.J., Reddy, C., Patel, N., and Ford, A.L. (2002). The effect of loss and trauma on substance use behavior in individuals seeking support services after the 1995 Oklahoma City bombing. *Annals of Clinical Psychiatry*. 14(2):89-95.**

The authors studied the effects of trauma exposure on alcohol and substance abuse behaviors following the 1995 Oklahoma City bombing. This study indicated that no causal relationship was found; however, posttraumatic stress and increased substance abuse behaviors in disaster victims were significant.

## Peer-Reviewed Journal Articles (continued)

**Putnam, F.W. (2002). Televised trauma and viewer PTSD: Implications for prevention. *Psychiatry*. 65(4):310-2.**

In reviewing the literature regarding the aggravation of PTSD symptoms from exposure to trauma via the media, the author recommends there is sufficient research to develop guidelines and practices to limit the potential negative effects of viewing traumatic events.

**Reist, C., Duffy, J.G., Fujimoto, K., and Cahill, L. (2001). Beta-adrenergic block and emotional memory in PTSD. *The International Journal of Neuropsychopharmacology*. 4(4):377-83.**

This study investigated the use of propranolol in treating PTSD by reducing emotional arousal. In this study, subjects were given 40 mg of propranolol before exposure to an emotionally arousing, narrated slide show. Participants' recall of the story, one week later, was reduced. The authors discuss applications for the findings in the pharmacologic treatment of PTSD.

**Russoniello, C.V., Skalko, T.K., O'Brien, K., McGhee, S.A., Bingham-Alexander, D., and Beatley, J. (2002). Childhood posttraumatic stress disorder and efforts to cope after Hurricane Floyd. *Behavioral Medicine*. 28(2):61-71.**

This study assessed the level of PTSD among fourth-graders six months after experiencing Hurricane Floyd. The flood directly affected all of the children, and 71 percent had symptoms of PTSD that were rated moderate to severe. Children whose homes had been flooded were three times more likely to report symptoms than those whose homes were not flooded, and girls were twice as likely as boys to report symptoms.

**Salcioglu, E., Basoglu, M., and Livanou, M. (2003). Long-term psychological outcome for non-treatment-seeking earthquake survivors in Turkey. *The Journal of Nervous and Mental Disease*. 191(3):154-60.**

This study examined the incidence of PTSD among earthquake survivors living in prefabricated housing after the 1999 earthquake in Turkey. Predictors of PTSD include greater fear during the earthquake, older age, female gender, having been trapped under the rubble, and participating in rescue efforts. Further discussion for future research initiatives investigating PTSD are discussed and the implications for long-term mental health care policies for earthquake survivors are outlined.

**Schefflin, A.W. (2000). The evolving standard of care in the practice of trauma and dissociative disorder therapy. *Bulletin of the Menninger Clinic*. 64(2): 197-234.**

This article discusses the increasing rate of lawsuits against therapists, controversies regarding the science of trauma and dissociative disorders, and the developing standard of care.

**Shaw, J.A. (2000). Children, adolescents and trauma. *Psychiatric Quarterly*. 71(3):227-43.**

This paper discusses the psychological effects of trauma on children, specifically the epidemiology of traumatic experiences, risk factors, developmental effects, psychiatric comorbidities, and relevant theories.

## Peer-Reviewed Journal Articles (continued)

**Shaw, J.A., Applegate, B., and Schorr, C. (1996). Twenty-one month follow-up of school-age children exposed to Hurricane Andrew. *Journal of the American Academy of Child and Adolescent Psychiatry*. 35(3):359-64.**

This study examined the posttraumatic stress symptoms in 30 school-age children, exposed to Hurricane Andrew, over a 21-month period using Pynoos' Posttraumatic Stress Disorder Reaction Index and Achenbach's Teacher's Report Form.

**Silverman, G.K. (2001). Preliminary explorations of the effects of prior trauma and loss on risk for psychiatric disorders in recently widowed people. *The Israel Journal of Psychiatry and Related Sciences*. 38(3-4):202-15.**

This study examined the effects of childhood trauma and adult adversity on current diagnosis of PTSD among recently widowed people. Adversities in adulthood were significantly associated with PTSD, while trauma in childhood was significantly associated with traumatic grief. Suggestions for tailoring therapeutic approaches for individual experiences are included.

**Smoller, B., and Sokol, J. (2001). Post-traumatic stress disorder in the age of terror. *Maryland Medicine*. 2(4):39-43.**

This article summarizes the epidemiology, symptoms, and treatment options for PTSD. The authors include suggestions specifically for child and adolescent treatments.

**Stein, M.B. (2002). Taking aim at posttraumatic stress disorder: Understanding its nature and shooting down myths. *Canadian Journal of Psychiatry*. 47(10):921-2.**

This is an editorial discussing the nature of PTSD and rejects myths regarding the disorder.

**Stein, M.B., Hofler, M., Perkonig, A., Lieb, R., Pfister, H., Maercker, A., and Wittchen, H.U. (2002). Patterns of incidence and psychiatric risk factors for traumatic events. *International Journal of Methods in Psychiatric Research*. 11(4):143-53.**

This is a discussion of a longitudinal, epidemiological study of adolescents aged 14-24 in Germany, reporting the incidence of traumatic events and PTSD. [See Perkonig, A., Kessler, R.C., Storz, S., and Wittchen, H.U. (2002)]

**Taylor, F. and Cahill, L. (2002). Propranolol for re-emergent posttraumatic stress disorder following an event of retraumatization: A case study. *Journal of Traumatic Stress*. 15(5):433-7.**

Following five motor vehicle accidents that resulted in recurrent PTSD, a 44-year-old woman experienced a sixth accident and exhibited severe PTSD symptoms. She was given propranolol orally and the PTSD symptoms were rapidly and markedly reduced. This is the first report of the effects of propranolol treatment on re-emergent PTSD symptoms.

## Peer-Reviewed Journal Articles (continued)

**Trautman, R., Tucker, P., Pfefferbaum, B., Lensgraf, S.J., Doughty, D.E., Buksh, A., and Miller, P.D. (2002). Effects of prior trauma and age on posttraumatic stress symptoms in Asian and Middle Eastern immigrants after terrorism in the community. *Community Mental Health Journal*. 38(6):459-74.**

This study assessed 45 Asian and Middle Eastern immigrants living in Oklahoma City at the time of the 1995 bombing. The immigrants were surveyed 1.5-2 years later regarding demographics, physical and interpersonal exposure to the bombing, and posttraumatic stress symptoms. Results indicated that bomb-related PTSD symptoms increased with age of immigrant, and were inversely related to age at the time of prior trauma. The importance of long-term disaster assistance to immigrants with prior trauma is discussed.

**Veenema, T.G. and Schroeder-Bruce, K. (2002). The aftermath of violence: Children, disaster, and posttraumatic stress disorder. *Journal of Pediatric Health Care*. 16(5):235-44.**

The article describes the relationship between children who have been exposed to trauma and posttraumatic stress disorder (PTSD), and various symptoms of PTSD.

**Watson, P.J., Friedman, M.J., Ruzek, J.I., and Norris, F. (2002). Managing acute stress response to major trauma. *Current Psychiatry Reports*. 4(4):247-53.**

This is a literature review presenting research and recommendations for interventions following disasters, including psychological debriefing, cognitive-behavioral interventions, eye-movement desensitization and reprocessing, and psychopharmacology.

**Weisaeth, L. (2001). Acute posttraumatic stress: Nonacceptance of early intervention. *The Journal of Clinical Psychiatry*. 62 (Suppl 17):35-40.**

In this study, researchers assessed 246 employees exposed to an industrial disaster in the acute aftermath. Psychological resistance is discussed and documented as 42 percent of those who qualified for a diagnosis of PTSD were extremely reluctant to seek treatment. The author argues that primary and secondary outreach must be very active.

**Yehuda, R. (2001). Biology of posttraumatic stress disorder. *The Journal of Clinical Psychiatry*. 61 (Suppl 17):41-6.**

This article discusses the biological responses of PTSD, including increased corticotrophin-releasing factor concentrations, catecholamine depletion within the central nervous system, and reduced hippocampal volume. PTSD is unique from major depression in that the circadian pattern of cortisol release from the adrenal glands follows a greater dynamic range.

## SAMHSA and Other Publications

### SAMHSA's National Mental Health Information Center

Center for Mental Health Services

*Age-Specific Interventions at Home for Children in Trauma: From Preschool to Adolescence*



## **Peer-Reviewed Journal Articles (continued)**

### **SAMHSA's National Mental Health Information Center**

Center for Mental Health Services

*Anniversary Reactions to a Traumatic Event: The Recovery Process Continues*

### **SAMHSA's National Mental Health Information Center**

Center for Mental Health Services

*Dealing with the Effects of Trauma: A Self Help Guide*

### **American Psychological Association**

*Managing Traumatic Stress: Tips for Recovering From Disasters and Other Traumatic Events*

### **National Institute on Drug Abuse**

*Depression, PTSD, Substance Abuse Increase in Wake of September 11 Attacks*

### **National Institute of Mental Health**

*Post-Traumatic Stress Disorder, A Real Illness*

### **National Institute of Mental Health**

*Reliving Trauma*

### **National Institute of Mental Health**

*Facts About Post-Traumatic Stress Disorder*